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Statement of

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Before the

Subcommittee on Military Personnel

of the

House Armed Services Committee

Subject:

The Military Health System:
Health Affairs/TRICARE Management Activity Organization

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Chairwoman Davis, Ranking Member Wilson, distinguished members of the committee; I am grateful to have the opportunity to share Navy Medicine's opinion about the current organization of the Office of the Secretary of Defense for Health Affairs (OSD (HA)) and the Tricare Management Activity (TMA) Organization, and suggest some changes that will serve to benefit the delivery of healthcare to all whom we are honored to serve.

Navy Medicine continues on course, because our focus has been, and will always be, providing the best healthcare for our Sailors, Marines, and their family members. We are focused on strengthening Navy Medicine today, and at the same time we are proactively planning to meet future healthcare requirements. We are enhancing our strategic ability, operational reach, and tactical flexibility. We are the only medical department who meets the needs of two distinct departments and operational missions – our sailors and Marines. As Marine Corps forces shift their efforts to Afghanistan, Navy Medicine will be there providing the highest quality combat medical support.

In recent weeks, the subcommittee heard from Health Affairs, TMA, the Department of Defense, and the Services. You have heard how medical military construction projects are being funded under a new model that prioritizes facilities across the Military Health System (MHS). You have also heard how health information technology enterprise-wide solutions across the MHS are having a positive impact on the quality of the care we provide. There is no question that centralized decision-making has benefits in certain areas. The discussion now is on which areas and how those decisions are made.

Much has been accomplished between Navy Medicine and the MHS, yet exigencies within the current environment require us to reexamine these organizations and the working relationships responsible for providing healthcare for wounded service members and their families. We must provide this health care to our beneficiaries and at the same time ensure American taxpayers we are responsible and accountable. It is a fact – growing resource constraints call us to operate more efficiently without compromising healthcare quality and workload goals.

Throughout my over 30-year career in Navy Medicine, I have served as the acting Deputy Assistant Secretary of Defense at Health Affairs for Clinical and Program Policy, the commanding officer of a Military Treatment Facility (MTF) overseas and as the commanding officer of National Naval Medical Center in Bethesda, as well as Surgeon General. These experiences have shaped my position on the Navy Medical Department's relationship with OSD (HA) and TMA. Given that background, I am increasingly concerned that the lines between policy and execution have become blurred and may be compromising the effectiveness of this combined healthcare organization.

The Assistant Secretary of Defense for Health Affairs (ASD (HA)) serves as the principal advisor to the Secretary of Defense for all Department of Defense (DoD) health policies programs, and activities. The TMA organization -- under the direction of that same ASD (HA) -- is responsible for providing the Services and the Services' medical departments with program direction for the execution of policy within the MHS as it relates to delivery of the benefit.

The Deputy Assistant Secretaries serve a dual role – in developing policy at HA and in executing that policy at TMA. Having one controlling authority over MHS policy

and execution means checks and balances can be compromised. These conflicting roles create challenges for the Services, since they blur execution decisions and become policy decisions that may compromise care to our operational forces and beneficiaries. The need to balance delivery of the benefit with support of operational forces can be lost when the majority of the funding is controlled by HA/TMA. This structure also further divides the delivery of the benefit into two parts: in-house and network care. What should be a collaborative process often times becomes a competitive one. In addition, by overseeing policy and execution, long term planning and discussion designed to meet the specific needs of individual services may not properly occur.

HA/TMA's oversight of the network assets available through the Tricare Management Support Contracts limits Navy Medicine from leveraging those network providers at their disposal. Navy Medicine supports a regionalized governance plan with a Flag Officer/General Officer providing oversight for direct and purchased care services, i.e., controlling the network assets. Each of the Services would lead one region, a model similar to what is currently in place with the leadership of the Tricare Regional Offices. This model provides the tools at the regional level to integrate direct and private sector care with the goal of optimizing care within the MTF. Also, the ability to use network providers within MTFs may decrease the reliance of MTFs on contract support brought in to fill vacancies created by operational requirements.

The advisory role the Services currently play in the policy-making process limits their ability to effectively impact the process. This limited role results in concerns and/or challenges not always being addressed when the final policy is disseminated. The Services must play a more active and influential role in the process. It is difficult for the

Services to have the responsibility to execute a policy, and to be held accountable for said execution, without the ability to affect and/or influence the process.

As the provider for two distinct military departments, I am acutely aware of what I need to do to address the differences in mission and culture. HA/TMA may not take those unique characteristics into consideration.

Chairwoman Davis, I am proud to say that Navy Medicine is built on a solid foundation of proud traditions and a remarkable legacy of Force Health Protection. We are committed to preparing healthy and fit Sailors and Marines to protect our nation and be ready to deploy. Our Navy Medicine teams are flexible enough to perform a Global War on Terror mission, a homeland security mission, a humanitarian assistance mission, and a disaster relief mission; while at the same time provide direct health care to our nation's heroes and their family members at home and overseas…as well as our cherished retirees. We could not accomplish our diverse missions on our own so our relationship with HA and TMA is critical to our success. I hope my testimony provides you with examples of how strengthening the relationship between HA, TMA and Navy Medicine through increased cooperation directly benefits our Sailors, Marines and their families.